

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061259

Entity Name: ROTONDA HG, LLC

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

601 BAYSHORE BLVD., STE. 650
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

601 BAYSHORE BLVD., STE. 650
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-3127551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCKEY, PRESTON O JR
201 N. FRANKLIN STREET, STE. 3410
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GRATZ, MICHAEL E
601 BAYSHORE BLVD. SUITE 650
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL E. GRATZ

03/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FUNK, CHARLES B
Address: 601 BAYSHORE BLVD., STE. 650
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: MEEHAN, JEFFREY B
Address: 601 BAYSHORE BLVD., STE. 650
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: GRATZ, MICHAEL E
Address: 601 BAYSHORE BLVD., STE. 650
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL E. GRATZ

MGR

03/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date